

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address Dept. of Medical Assistance	FOR RECORDS MANAGEMENT USE			
polication Date	1010 West Peachtree Street, N.W.	Application Number			
12-2-81	Atlanta, Georgia 30367	10-207-A			
pplication Number	manual consum 20201	Date Received Date Completed			
	Operations Div. Information Systems	DEC 1 4 1981 DEC 2 9 1981			
. Person to Contact	Working Title	Telephone Number			
-	EDP Specialist	894-4900			
Pat Dye. B. Action Requested					
· .	Schedule; record will continue to accumulate.				
	cumulation; no further accumulation anticipated.	$\kappa_{\rm col} \sim 20$			
c. XX Amend Application I	No. 78-207 Check One: X Change; Superced	de: 🗆 Void			
I. Dates of Series	5. Records Series Title (followed by title used in office: if di				
Earliest Latest	5. Records Series Title (followed by title used in office; if di Medicaid Eligibility and Expenditure Com	puter Output Microfilm Reports			
1980 Present	(Medicaid C.O.M. Reports)	41			
5. Division and Office Function	What is the function of the Division and the Office in	which this record series is created?			
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7. Record Series Description	This file contains the following documents (include form no	umbers and titles, if any):			
·	Attach samples of the file.				
Documents relating to: Ma	intaining a Medicaid recipient eligibility	11st and documenting the			
- pa	yment of claims to Medicaid providers				
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Included are: Se	e attached list				
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File is arranged: Al	phabetically by report name, thereunder chron	pologically by report date.			
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8. Monthly Reference Rate	How often are records referred to which are:				
		to twenty-four months old			
	: Seven to twelve months old; Thirteen to the ser;	to twenty-rout months ord			
twenty-five months and old					
9. Annual Rate of Accumulati	on of Records	Other (energial 12 cubic feet			
Ferres-2156 OLSMEL2	on of Records ; Legal-size drawers; Shelves;	, Other (Specify)			
R-50-71: Rev 76	(Over)	7			

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4	a le this the offici	al coop of the	ariae?						
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	b. Does the series	contain confide	ntial information	requiring secu	rity handling?	f yes, cite law o	r regulation.	-	٠
	c, is this a vital red	cord?							
	d. Does this series					· 			
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	h. Is there a duplic If yes, where?	ation of this se	ries in your offic	e, or in anothe	office or agence	17			
	i. Is this series for		n of iti regularly	microfilmed?				New	
	j. Does the record								
Retent	tion Requirements	The	following requir	es the series to	be kept:		2:15		
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	tute of limitation		years,	. Ac	Iministrative nee	d	100 100 100	years.	
c. Fed	leral law		years. years.	i f. Fe	deral retention i	nstructions _		years.	
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Attaci	copy or excerpt of la	ıws or regulation	ns. Explain admii	nistrative need.	- 3		• 7 - • • •		٠
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	ved Disposition Instru		Calendar Year; E					then,	
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Security, library and office copies of daily, weekly, and monthly computer output microfilm (C.O.M.) reports.

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Adjudicated Claims by Payee
Adjudicated Claims by Receip. I.D.
American Druggist Update
Appropriation Expense
Bendex Transaction Alpha
Bendex Transaction Numeric
Buy In Transaction Alpha
Buy In Transaction Numeric
Claims Investigation Detail Report
Claims Process Data Analysis
Cost Settlement Detail Report
Cumulative Cash Disbursement
Deleted Recipient Information List
                Name X-Ref Index
                  Pat I.D. #
Explanation of Medical Benefits (E.O.M.B.)
E.P. File by Case #
E.P. File by Name
Five year Activity Ref. by Provider
Labor Expense Journal By Org
                      By Project
MARS Reports
Master Index by Trans. Control #
Monthly Payment Balance
Numeric Diagnosis List
        Drug List
        ICD-9 Diagnosis List
        Dental Procedure List
        Supply List
Payment History List by Provider
                     by Recip. I.D.
Provider Data Base
Provider Listing Alpha
                 Numeric
         Eligibility Cards by Case #
Recip.
                      11
                              Client
                               Name
Recip Information List by Case #
                  List by Recip I.D.
Recip Name X Ref Index
Recip Past ID X Ref Index
Refund Recoup Trans History
Remittance Advices
                    (Nursing Home)
SSI Master File
SSI Master Update
Suspended Claims X - Ref by Payee
" " by Recip
                         by Recip I.D.
Tape Transfer Source Claims
Provider/Recipient Billing Locator
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A-5C-> , Rev. 76

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

RECORDS MANAGEMENT DIVISION INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section. FOR AGENCY USE 1. Agency Address FOR RECORDS MANAGEMENT USE Department of Medical Assistance Application Date Application Number 7/3/78 1010 West Peachtree St. N.W. Atlanta, Georgia 30309 Application Number Date Received **Date Completed** SEP 1 3 1978 JUL 1 2 1978 OPERATIONS DIV., INQUIRY UNIT 2. Person to Contact **Working Title** Telephone Number Joe Ertavy Librarian 894-4940 3. Action Requested a. D Establish Retention Schedule; record will continue to accumulate. b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☑ Amend Application No.5-79,75-80,75-8 check One: ☐ Change; ☑ Supercede; ☐ Void 5. Records Series Title (followed by title used in office; if different) 4. Dates of Series Earliest (Medicaid COM Reports) Latest 1977 MEDICAID ELIGIBILITY AND EXPENDITURE COMPUTER OUTPUT MICROFILM REPORTS | present 6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Operations Division is responsible for preparing and adjudicating Medicaid claims for payment. This is accomplished by coordinating the claims processing, provider, recipient and reference sub system of the Medicaid Management Information System (MMIS) in ensuring that the processing and payment of claims are made within Federal and State regulations; maintaining a close relationship with DOAS in relation to the data processing services they provide; expediting the payment and/or rejection of claims in "suspense" due to program edits; and identifying system and programming problems which cause backlogs or erroneous payments and recommending solutions to these problems. 7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining a Medicaid eligibility list and to documenting the payment of claims to Medicaid providers and recipents. Included are: security, library, and office copies of monthly, quarterly, and annual computer output microfilm reports. Report titles are as follows: -Supplementary Security Income File -Medicaid Management Information System -Suspended Claims Cross Reference by Transactions by Provider Number Recipient Identification -Eligible Persons File -Supplementary Medical Insurance File -Medicare Suspended Claims Selected by -Cash Journal by Vendor and Case number Provider Number (see attachment) alphabetically by name of report; thereunder chronologically by Files are arranged: date of report. 8. Monthly Reference Rate How often are records referred to which are: One to six months old ___ ; Seven to twelve months old ____; Thirteen to twenty-four months old ____; twenty-five months and older___ 9. Annual Rate of Accumulation of Records __; Legal-size drawers _____; Shelves _____; Other (specify) _ Letter-kize drawers 🔔 (24 cubic ft.)

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YES	NO	a. Is this the office		'in the proper co	orumn)	
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٠	х	b. Does the series	contain confide	ntial information	requiring security handling? If yes, cite law or regulat	ion.
	Х	c. Is this a vital re				
	<u>X</u>	d. Does this series				
	X		vo documents in scheduled separa		necessary to keep the entire file for a long period, could	these
	X	f, is the informat	ion contained in	this series ever c	published? If yes, attach copy.	
X		TO A CAT OF COLUMN AS	VVY.		palyzed and/or recorded in a summarized report? 1 zed in Division Director's Subject Fi	.le
X					e, or in another office or agency? Sutilized throughout Department of Med	ical Assista
Х					microfilmed? Entire file series is comput	
	Retent	i. Does the recording Requirements		a computer print	tout? es the series to be kept:	microfilm
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		te Law		years.	7	years.
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	w : 50	IEI &I IGAA		years.	f. Federal retention instructions	years.
	Attach	copy or excerpt of I	aws or regulation	ns. Explain admir	nistrative need.	
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		nsfer to State Archiv ner <i>(Specify)</i>	res vor permanen	it retention.	· .	
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		Office Refere	nce Contes	Wold in a	urrent files area until receipt of ver	ereror (
f		OTTICE ROLLIN	aice oopies.		eport; then destroy.	iiited /
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Ç.		Medicaid Libr	ary Copy:		dicaid Library upon receipt of report;	hold
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ſ		Security Copy	r: Cut off	files at en	d of each month; then transfer to Stat	te Records
- 1					s; then destroy.	C Records
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	_					l.
	These i	instructions apply to	all prior and fut	ture accumulatio	ns of the series.	
Agen	cy Hea	d/Designee (Signat	ure)	Date	Records Management Officer Signature	
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_			V		State Records Committee (Signature)	Date
		dations in para- e approved,	State Audio	or/Designee	11m ():	9 10 70
(If di		ved, attach letter	Y	<u> </u>	A series	9-8-76
U / 153	, ren ne L		Secretary of S	te/Designee	Canall Hart	0 - 10
		20.30	Attorney Ger	nera!/Designee	- Middle Col	9-13 7:
.n-5(, 1;	Rev. 76		(R	everse Side)	

Application Date 7/3/78

APPLICATION FOR RECORDS RETENTION SCHEDULE

11. ATTACHMENT

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, Dept of Medical Assistance needs security copy for 7 years to provide for prosecution of fraud cases and settlement of claims. File is used in connection with prosecution of suspected fraud cases. The different type of reports aid in discovering fraud cases since there are many ways to cross reference claims.

7. Record Series Description (cont.)

- -Suspended Claims Cross Reference by Payee Number
- -Adjudicated Claims Cross Reference by Recipient Identification
- -Adjudicated Claims Cross Reference by Payee Number
- -Cost Settlement Detail Report
- -Tape Transfer Source Claims
- -Source Claims Cross Reference by Provider

- -Source Claims Reference by Recipient
- -Five Year Activity Reference by Provider
- -Five Year Activity Reference by Recipient
- -Master Index by Transaction Number
- -Remittance Advices

CURRENT MÍC OFICHE REPORTS

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Report Title	Report Number	Initiated By	Frequency	Produced frames f		
Tape Transfer	CLPT120EZ01X	DMA	weekly	204,479	918	3,140
Master Index by Control No.	CLPBC60EZ01X	DOAS	monthly,	5 ,7 62	26	15 6
Source Claim Cross Ref. by Recipient	CLPBC60EZ02X	DOAS	monthly	11,540	53	53
Source Class ref. by Provider	CLPBC60EZ03X	DOAS	monthly	11,540	5 3	50
5 yr. Activity Ref. by Recipient	CLPBC70RZ01X	DOAS	monthly	57,491	262	2 62
5 yr. Activity Ref. by Provider	CLPBC70RZ02X	DOAS	monthly	1,914	10	1{G}
Remittance Advice	CPWPF01ZT03P	DOAS	weekly	189,348	853	6,195
Eligible Patients by Case #	EP0201	DHR	monthly	10,148	46	920
Eligible Patients by Name	EP0202	DHR	monthly	20,298	92	1,8
SMI by Name	\$30701	DMA	monthly	4,702	21	2 52
Cost Settlement Detail Report	MARCS10RR14A	DOAS	monthly	-	-	-
Claims Processing Data Analysis	MARHI3ORR45M	DOAS	monthly	22,055	99	195
Adjudicated Claims by Payee	MARHI5ORT10P	DOAS	mth/qtr.	757,129	3,509	52,635
Adjudicated Claims by Recipient	MARHI5ORT20P	DOAS	mth/qtr.	7 95,634	3,582	53,730
Suspended Claims by Provider	MARHI5ORT3OP	DOAS	monthly	1,914	9	10
Suspended Claims by Recipient	MARHI5ORT40P	DOAS	monthly	1,914	9	109
Claims Investigation Detail Report	MARHI7ORR53M	DOAS	monthly	67,063	301	2 90
Recipient Information List	RECMB31ZTO2P	DOAS	monthly	11,534	7 8	7 8
Recipient Eligibility by Name	RECMB31ZT03P	DOAS	monthly	2,410	12	1 2
Recipient Cross Ref. Index	RECMB31TO4P	DOAS	monthly	2,410	12	1 2
Nursing Home Remittance Advice	NHWW45TO3P	DMA	monthly	3,024	16	125
Nursing Home Payment Update	NHRM180UT03P	DMA "	monthly	2,327	13	1 5
Nursing Home Payment History	NHRR310RT01P	DMA	monthly	7 18	33	33
Provider/Recipient Billing Locate	or NHRR320RT03P	DMA	monthly	20,191	91	91
Provider Information Sheet	PRUFM72RR01X	DOAS	monthly	-	_	-
Numeric Procedure Listing	FREPR50RR01X	DOAS	monthly	_	-	•
Numeric Drug Listing .	FREPR5ORRO3X	DOAS	monthly	-	-	-
Numeric Supply Listing	FREPR50RR07X	DOAS	monthly	-	-	-
Numeric Diagnosis Listing	FREPR50RP05X	DOAS	monthly	-	-	~
July and August Total for Current	Reports			2,205, 545	10,098	120,31
July and August Cost for Current	Reports			\$14,336		\$8,427
						\$22,75.
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OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Department of Medical Assistance	Application Number
7/3/78	1010 West Peachtree St. N.W.	78-207
Application Number	Atlanta, Georgia 30309	Date Received Date Completed
	OPERATIONS DIV., INQUIRY UNIT	JUL 1 2 1978 SEP 1 3 1978
2. Person to Contact Joe Entavy	Working Title Librarian	Telephone Number 894-4940
3. Action Requested		
	Schedule; record will continue to accumulate.	
b. Dispose of present ac	cumulation; no further accumulation anticipated.	
c. Amend Application 6 4. Dates of Series	165-79,75-80,75-8 Check One: Change: Superce	
Earliest Latest	5. Records Series Title (followed by title used in office; if di	(Medicaid COM Reports)
1977 present	MEDICAID ELIGIBILITY AND EXPENDITURE CO	MPUTER OUTPUT MICROFILM REPORTS
6. Division and Office Function	What is the function of the Division and the Office in	which this record series is created?
claims for payment. recipient and reference ensuring that the pro- regulations; maintain services they provide to program edits; and	ns Division is responsible for preparing an This is accomplished by coordinating the conce sub system of the Medicaid Management I occasing and payment of claims are made withing a close relationship with DOAS in relat; expediting the payment and/or rejection identifying system and programming problems and recommending solutions to these problems	laims processing, provider, nformation System (MMIS) in hin Federal and State tion to the data processing of claims in "suspense" due ms which cause backlogs or
7. Record Series Description Documents relating	This file contains the following documents finclude form nu Attach samples of the file. to: maintaining a Medicaid eligibility lisment of claims to Medicaid providers a	t and to documenting the pay-
	ment of claims to nedicald providers a	ind recipents.
·	rity, library, and office copies of monthly coutput microfilm reports. Report titles	· · · · · · · · · · · · · · · · · · ·
Transac -Eligibl -Supplem	tions by Provider Number -Suspende Persons File Recipier	entary Security Income File de Claims Cross Reference by at Identification Suspended Claims Selected by Number (see attachment)
_	alphabetically by name of report; thereur date of report.	der chronologically by
8. Monthly Reference Rate	How often are records referred to which are:	
One to six months oldtwenty-five months and older	; Seven to twelve months old; Thirteen to	twenty-four months old;
9. Annual Rate of Accumulatio		Oah (
_	_	Jamer (specity)
(24 cubic ft		
AR-50-71; Rev. 76	(Over)	

YES NO	10. Questionnaire	(Place an "X" in the proper co	ilumn) * ' * * * * * * *	
x	a. Is this the office if not, where i	cial copy of the series?		
×	1		requiring security handling? If yes, site law or regula	tion.
X	c. Is this a vital re	ecord?		
X	d. Does this serie	s have historical or long term rese	arch value?	
х		wo documents in the file make it scheduled separately?	necessary to keep the entire file for a long period, coul	d these
X		tion contained in this series ever p	published? If yes, attach copy.	
V			palyzed and/or recorded in a summarized report?	. 1 -
X	_i	<u>~~</u>		11e
^	If yes, where?		sutilized throughout Department of Med	
X			microfilmed? Entire file series is compu	ter output
11. Rete	<u>i. Does the recor</u> ntion Requirements	d series result in a computer print The following require	cout? es the series to be kept:	microfilm
	·	2		
	tate Law	years.	d. Audit period 3	years.
	tatute of limitation	years.	e. Administrative need	years.
C. F	ederal law	years.	f. Federal retention instructions	years.
		i i i i i i i i i i i i i i i i i i i	,	İ
Atta	ch copy or excerpt of	laws or regulations. Explain admir	nistrative need.	
	SEE ATTACHE	D SHEET		Į
				
12. Apo	oved Disposition Inst	ructions This agency recomm	ends that the file series be cut off at the end of each:	
Ì		☐ Calendar Year: ☐	Fiscal Year; 🛱 Other See below	then.
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		ng area, holdyear(s);		1
		rds Center; holdyea		
f	Destroy.			
F		ves for permanent retention.		
י א <i>ו</i>	ther (Specify)			·. •
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	Office Refer		urrent files area until receipt of ve	rified
١,		updated r	eport; then destroy.	<u>.</u>
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1	Medicaid Lib		dicaid Library upon receipt of report	; hold
_		7 years; th	en destroy.	
	Security Copy	y. Cut off files at an	d of each month; then transfer to Sta	te Records
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i he:	e instructions apply to	o aii prior and future accumulatio	ons of the series.	
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Agency I	lead/Designee (Signa	ture) Date	Records Management Officer Signature),	Date
	LOM CO	7-7-78	Way I Musshy	7/7/78
	ap	and the second	Trace Virginia	11/1/10
Recomm	endations in para-		State Records Committee (Signature)	Date
4	are approved.	State Auditor/Designee	Win Cita	9-12-78
(if disapp	proved, attach letter	1 XX	0	9-8-70
of explan	nation.)	Secretary of State/Designee	Canall Hart	9-8-78
<u></u>		Attorney General/Designee	Middles	19-13.78

(Reverse Si

Application Date 7/3/78

APPLICATION FOR RECORDS RETENTION SCHEDULE

11. ATTACHMENT

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, <u>State Agencies Administering Public Assistance Programs</u>, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, <u>State and Local Agencies Participating in Public Assistance Programs</u>, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, Dept of Medical Assistance needs security copy for 7 years to provide for prosecution of fraud cases and settlement of claims. File is used in connection with prosecution of suspected fraud cases. The different type of reports aid in discovering fraud cases since there are many ways to cross reference claims.

Record Series Description (cont.)

- -Suspended Claims Cross Reference by Pavee Number
- -Adjudicated Claims Cross Reference by Recipient Identification
- -Adjudicated Claims Cross Reference by Payee Number
- -Cost Settlement Detail Report
- -Tape Transfer Source Claims
- -Source Claims Cross Reference by Provider

- -Source Claims Reference by Recipient
- -Five Year Activity Reference by Provider
- -Five Year Activity Reference by Recipient
- -Master Index by Transaction Number
- -Remittance Advices